



## IMAGE OF THE MONTH

### Percutaneous angiographic arterial embolization of a vascular lesion in the colon of a patient on anticoagulant therapy<sup>☆</sup>

### Tratamiento angiográfico percutáneo de lesión vascular colónica en paciente anticoagulada

Xavier Serra-Ruiz<sup>a,\*</sup>, Stephanie Tasayco<sup>a</sup>, Carla González-Junyent<sup>b</sup>, Carmen Alonso-Cotoner<sup>a,c</sup>

<sup>a</sup> Servicio de Aparato Digestivo, Laboratorio de Fisiología y Fisiopatología Digestiva, Institut de Recerca (VHIR), Hospital Universitari Vall d'Hebron; Universitat Autònoma de Barcelona, Barcelona, Spain

<sup>b</sup> Servicio de Radiología Intervencionista, Hospital Universitari Vall d'Hebron; Universitat Autònoma de Barcelona, Barcelona, Spain

<sup>c</sup> Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBERehd), Instituto de Salud Carlos III, Madrid, Spain

A 66-year-old woman had a history of acute pulmonary thromboembolism two months before admission for which she was on treatment with acenocoumarol.

She sought care for haematochezia for the past two days. Physical examination detected hypotension and tachycardia, with no other findings.

Laboratory testing revealed a haemoglobin (Hb) level of 7.5 g/dl and an international normalised ratio (INR) of 8. The patient was administered two units of packed red blood cells and an ampoule of vitamin K, as well as intensive fluid replacement therapy, thus restoring haemodynamic stability. A colonoscopy showed a submucosal pulsatile lesion in the caecum with angiomas on its surface (Fig. 1 and Appendix A [Video]). The study was extended with abdominal computed tomography (CT) angiography. This ruled out a



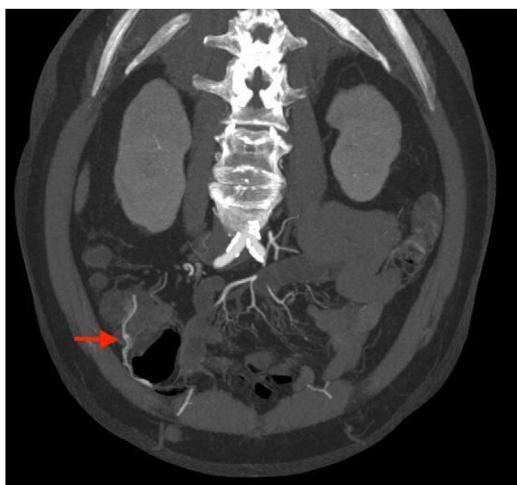
Figure 1 Endoscopic imaging of lesion.

☆ Please cite this article as: Serra-Ruiz X, Tasayco S, González-Junyent C, Alonso-Cotoner C. Tratamiento angiográfico percutáneo de lesión vascular colónica en paciente anticoagulada. Gastroenterol Hepatol. 2022;45:282–283.

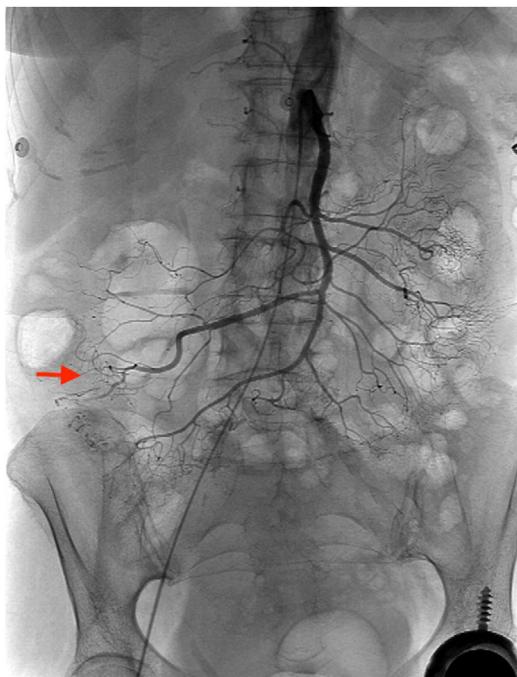
\* Corresponding author.

E-mail address: [xevir@gmail.com](mailto:xevir@gmail.com) (X. Serra-Ruiz).

neointimal lesion and showed a hypertrophic vessel with a submucosal trajectory in the anterior wall of the caecum (Fig. 2), which suggested that the lesion was of vascular



**Figure 2** Abdominal and pelvic CT (oblique slice).



**Figure 3** Arteriography imaging after embolisation.

aetiology.<sup>1,2</sup> Given the size thereof and the low suspicion of cancer, surgical resection was ruled out in favour of elective angiographic treatment with embolisation of the right colic artery branch from which the lesion originated; this treatment was successful (Fig. 3).<sup>3</sup>

As a complication, the patient developed ischaemic ileocolitis confirmed on CT angiography which resolved with medical treatment. She was discharged on anticoagulant therapy, with radiological monitoring by means of CT. After a year of follow-up, she presented no relapses and showed decreased inflammatory changes.

## Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.hansur.2022.04.002>.

## References

1. García-Compeán D, Del Cueto-Aguilera ÁN, Jiménez-Rodríguez AR, González-González JA, Maldonado-Garza HJ. Diagnostic and therapeutic challenges of gastrointestinal angioidysplasias: a critical review and view points. *World J Gastroenterol.* 2019;25:2549–64, <http://dx.doi.org/10.3748/wjg.v25.i21.2549>. PMID: 31210709; PMCID: PMC6558444.
2. Kim PH, Tsauo J, Shin JH, Yun SC. Transcatheter arterial embolization of gastrointestinal bleeding with *n*-butyl cyanoacrylate: a systematic review and meta-analysis of safety and efficacy. *J Vasc Interv Radiol.* 2017;28:522–31.e5, <http://dx.doi.org/10.1016/j.jvir.2016.12.1220>. Epub 2017 Feb 28. PMID: 28256302.
3. Gordon FH, Watkinson A, Hodgson H. Vascular malformations of the gastrointestinal tract. *Best Pract Res Clin Gastroenterol.* 2001;15:41–58, <http://dx.doi.org/10.1053/bega.2000.0155>. PMID: 11355900.